

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

San Bernardino County Safety Employees Benefit Association Federal PAC

ADDRESS (number and street)

735 E. Carnegie Dr.

☒(Check if address
is changed)

Ste. 125

San Bernardino

CA

92408

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

emonsalve@seba.biz

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.seba.biz

COMMITTEE'S FAX NUMBER

9093836600

2. DATE

M M
03/ D D
21/ Y Y Y Y
2007

3. FEC IDENTIFICATION NUMBER

C C00408344

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Colin McKenzie

Signature of Treasurer

Electronically Filed by Colin McKenzie

Date

M M
03/ D D
31/ Y Y Y Y
2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

Write or Type Committee Name

San Bernardino County Safety Employees Benefit Association Federal PAC

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Ellen Monsalve**

Mailing Address **735 E. Carnegie Dr.**

Ste. 125

San Bernardino **CA** **92408** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Executive Assistant **909** **885** **6074**

Telephone number - -

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Colin McKenzie**

Mailing Address **735 E. Carnegie Dr.**

Ste. 125

San Bernardino **CA** **92408** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer **909** **885** **6074**

Telephone number - -

Full Name of Designated Agent

Mailing Address

CITY ▲ **STATE ▲** **ZIP CODE ▲**

Telephone number - -

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE